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ABSTRACT

This paper discusses the Person's with Disabilities Act (PDA) passed in 1995 in India and compares it with the United State's Individuals with Disabilities Education Act (IDEA) of 1997. The comparison indicates the PDA is more limited in its coverage, does not include due process procedures, and does not fund the education of individuals with disabilities, but rather permits the state and local education agencies to provide services for individuals with disabilities within the limits of their economic capacity. It also describes two Indian institutions that serve individuals with physical disabilities, presents profiles of two children with physical disabilities who reside in North India, and discusses the absence of services for individuals with disabilities as an outcome of "Karma Theory," the theory of the inevitable consequences of one's actions whereby individuals with disabilities are disabled because of the misdeeds and evil actions they performed in their previous lives. The paper concludes by urging the need for more frequent dialogue between East and West. (CR)

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Physical Disabilities in the Land of Karma Theory

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Physical Disabilities in the Land of Karma Theory

Individuals with physical disabilities represent an extremely heterogeneous group. Describing them with a single set of characteristic does not appear to be feasible even with the use of general terms. Physical disabilities can be congenital or acquired. For activities of daily life, some individuals with physical disabilities have to rely on assistive devices that cause added attention to their disabilities. Over an extended period of time, individuals with disabilities may get better, worse or remain the same. (Heward, 2000).

A number of medical conditions fall under this category of disabilities. Some of these conditions are: Duchenne muscular dystrophy, limb deficiency, cerebral palsy, spina bifida, club feet, poliomyelitis, and amputations. In the USA, under the legislative mandates of Individuals with Disabilities Act (IDEA), students who are physically disabled have a right to free and appropriate education in the least restrictive environment.

The purpose of this paper is to: (1) discuss the Person's with Disabilities Act (PDA), 1995 of India and compare it with Individuals with Disabilities Education Act (IDEA), 1997 of USA; (2) describe two Indian Institutions that serve individuals with physical disabilities. (3) present profiles of two children with physical disabilities who reside in North India; (4) discuss the absence of services in India for disabled individuals with a backdrop of Karma Theory; (5) and present a need for more frequent dialogue between East & West. Each segment of this paper is covered under a separate heading.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

The above Indian Act came into force in February 1996. It extends to the entire country with the exception of the state of Jammu and Kashmir. Under this act, "a person with disability" means a person suffering from not less than 40% of any of the following disabilities as certified by a medical authority:

- Blindness- it means total absence of sight or visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or limitation of the field of vision subtending an angle of 20 degree or worse
- Low Vision- it means a person with visual impairment who after correction is capable of using vision for the execution of a task.
- Hearing Impairment- it means loss of 60DB or more in the better ear in the conversational range of frequencies.
- Leprosy-Cured- any person who has been cured of leprosy but is suffering from extreme physical deformity.
- Locomotor Disability- disability of the bones, joints or muscles leading to substantial restriction of the limbs or any form of cerebral palsy
- Mental Retardation- a condition of arrested or incomplete development of mind of a person which is specially characterized by subnormality of intelligence
- Mental Illness- any mental disorder other than mental retardation.

The PDA states that within the limits of their economic capacity and development, the appropriate Governments and the local authorities will:

- Provide for the prevention and early detection of disabilities.

- Take measures for pre-natal, peri-natal, and post-natal care of mother and child.
- Educate the public through the pre-schools, primary health centers, village level workers and anganwadi workers
- Create awareness amongst the masses through television, radio, and other mass media on the causes of disabilities and the preventive measures to be adopted.
- Ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years.
- Endeavor to promote the integration of students with disabilities in the normal schools.
- Promote setting up of special schools in Government (public) and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools.
- Endeavor to equip the special schools for children with disabilities with vocational training facilities.
- Plan for part time classes in respect of children with disabilities who having completed education up to fifth could not continue their studies on a whole time basis.
- Plan to impart non-formal education by utilizing the available manpower in rural areas after giving them appropriate orientation
- Plan to impart education through open schools or open universities.
- Plan to provide every child with a disability free of cost special books and equipments needed for his education.

- Prepare a comprehensive education scheme to restructure curriculum for the benefits of children with disabilities, remove architectural barriers from schools, colleges or other institutions imparting vocational and professional training, grant scholarships to students with disabilities and set up appropriate procedures for the redressal of grievances of parents regarding the placement of their children with disabilities.
- Ensure that all public educational institutions and other educational institutions shall reserve not less than 3% seats for persons with disabilities.
- Make schemes for preferential allotment of land at concessional rates for housing, recreational centers, research centers and special schools.
- Ensure that there are ramps in hospitals and public buildings.
- Promote and sponsor research in prevention of disabilities, and rehabilitation.
- Establish and maintain institutions for persons with severe disabilities at such places that are appropriate.

The Persons with Disabilities Act (PDA) of India, 1995 and Individuals with Disabilities Education Act (IDEA) of USA 1997: A Comparison

- IDEA mandates free and appropriate education for individuals with disabilities, PDA does not have that provision.
- IDEA covers disabilities like Learning Disabilities (LD), Attention Deficit Disorders (ADD), Attention Deficit Hyperactivity Disorder, (ADHD), Traumatic Brain Injury (TBI), and many health impairments. IDEA appears to be more comprehensive than PDA in this area.

- IDEA mandates Individualized Education Plans (IEPS) and Individualized transition plans (ITPS). PDA does not cover that.
- IDEA mandates non-discriminatory evaluation by a multi-disciplinary team when a disability is suspected. PDA permits designated medical authorities to document a disability.
- IDEA has a provision for due process; it empowers the families of children with disabilities. There is no such provision in place for PDA.
- IDEA funds the education of individuals with disabilities. PDA on the other hand does not fund the education of individuals with disabilities. PDA permits the state and the local education agencies to provide services for individuals with disabilities within the limits of their economic capacity.
- IDEA mandates related services such as modified transportation for the education of individuals with disabilities. PDA only encourages the educational agencies to plan for transportation.

Cheshire Home

Cheshire Home is a residential school for individuals with disabilities in Banglore, India. Lord Cheshire of London founded it in 1961. It began with one resident, named, Ivy Paul who was confined to a bed because of arthritis. The home has now expanded. It has approximately 50 physically disabled female residents between the ages of 4 and 84.

In 1985, a Rehabilitation Center was added to the Cheshire Home. In addition to needed therapies, it provides training in the area of pre-vocational and self-help skills. It serves young men and women of surrounding areas.

The School of Cheshire Home offers education up to the level of high school. Education focuses on handcrafts because handcrafts are viewed as an important component of the education of individuals with physical disabilities.

As far as the financing of Cheshire Home is concerned, it depends on fundraising. Funds are raised by the residents of Banglore. Residents of Banglore sponsor fundraising events such as "United Charities Bazaar"

The National Institute for the Orthopedically Handicapped (NIOH)

It is a tertiary care center in Calcutta, India. It provides diagnostic, investigative, curative, and preventive services to individuals with physical disabilities. The Government of India heavily subsidizes the NIOH. The services are absolutely free to individuals with orthopedic disabilities. The Artificial Limb Manufacturing Corporation (ALMICO), the national supplier of artificial limbs and ambulation aids such as wheelchairs and different form of crutches, has its offices within the main building of NIOH. NIOH in conjunction with the Rehabilitation Council of India and University of Calcutta conducts world-class Bachelor's programs in Physiotherapy, Occupational Therapy and Prosthetics/orthotics Engineering.

Profile of Raja

Raja is a 12 year old male. He has nephritis. Raja comes off an upper middle class, two- parent family. Raja has a female sibling who is 17 years of age. Over the years, both of Raja's kidneys have damaged. Raja suffers from frequent urinary track

infections. He also has high blood pressure. Raja has been prescribed to be on protein free diet. He has been on anti-biotics for years. He goes on and off dialysis. Last year, Raja had a kidney transplant. He has been on a number of prescribed drugs. For some unclear reason, Raja has started losing his hearing.

Raja attended a school for three years. He has been out of school for about three years now. School has no services to help him learn academics and communication skills. Because of hearing loss, his speech is gradually becoming unclear. Raja's education is entirely the responsibility of his family.

Raja's parents are under tremendous stress. There are no mandates for free and appropriate education of disabled children in India. Raja's parents are psychologically and physically drained taking care of him day in and day out. Raja's sister has started failing school. Family resources are invested on Raja. It appears that his sister is a silent victim. Consider these words of Raja's sister, "I feel guilty because I love my brother but at the same time I hate him because my mom and dad spend most of their time taking care of Raja.

Consider Raja's mother's feelings, " All that we wanted was a baby, and now we have doctors' appointments, visits to the hospitals, medical bills, no free time, constant arguments, restless nights…our whole life has changed."

Profile of Paula

Paula is an 8-year-old male who has congenital clubfeet. He walks with an atypical gait. He had corrective surgery on his feet and was consequently in long leg cast for a few weeks. He had to miss school to recover from surgery and for needed physical

therapy. There is no provision for him to get homebound instruction. He is behind in his schoolwork and his peers make fun of his gait. Paul's transportation to and from school is the responsibility of his family. There is no respite care. Paula's older sister has been assigned to care for him.

As evident from the two above cases, services for individuals with disabilities are inadequate in India. As Gandhi (1998) ascertained, despite the fact that the Disabilities Act has come into force, rehabilitative services for the disabled remain woefully inadequate. The majority of the individuals with disabilities have virtually no access to any kind of services. As shown in Figure 1, with approximately 5% of the disabled persons in the country having access to rehabilitative services, a whole segment of society remains alienated from the mainstream.

Disabled children and youth rarely receive formal education and it is difficult for them to gain access to any kind of vocational training. Persons with disabilities are rarely entrusted with family or community responsibilities. The situation is even worse for the

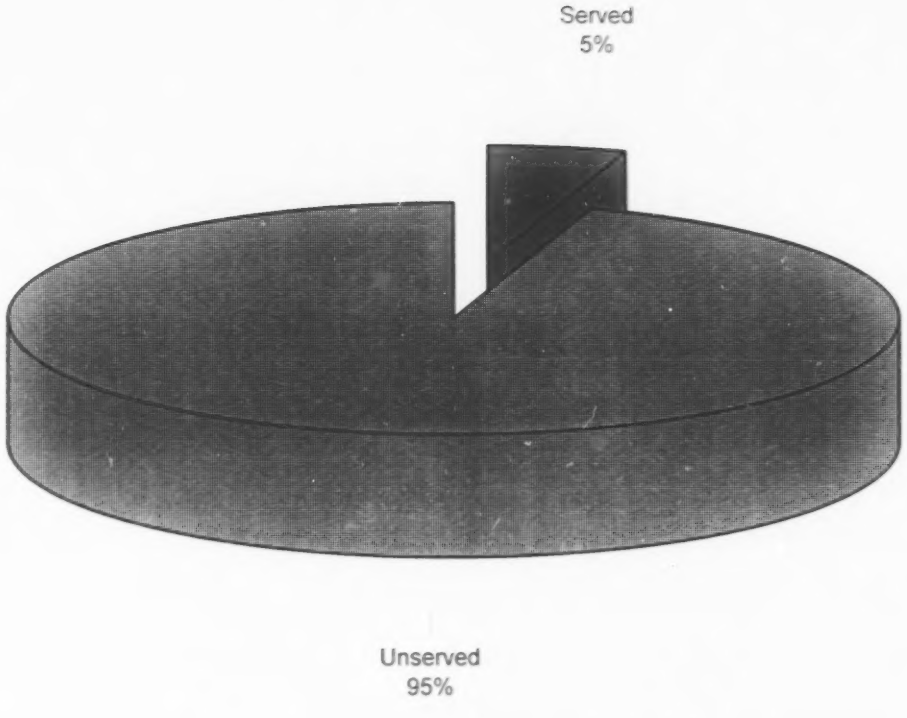

Figure 1. Services for Physically Disabled Individuals in India

disabled female children and women, for whom the fact of being female is viewed as a further social disadvantage (Gandhi, 1998).

Why are not there adequate provisions and adequate services for individuals with disabilities in India, the second largest democracy in the world? There are two ways to explain the current state of affairs: (1) lack of necessary funds and (2) the Karma theory, which is universally accepted by thinkers of major religious systems of India (e.g., Hinduism, Buddhism, Jainism, and Sikhism).

Karma Theory is a direct outcome of the extension of the age-old and well-established principle, "as you sow, so shall you reap". It is the theory of inevitable consequences of one's actions. It ascertains that the course of life of every living being here and hereafter is determined by his /her deeds. A pious life leads to comforts, contentment, and general well being in the present life and re-birth in higher and better forms of existence. Evil actions result in birth in lower forms of existence in future life and unhappiness/misery in the present existence. The concept of Karma, which means activity, work, deed, or act, enforces an ethical behavior in its believers. The believers of this theory endeavor to engage in ethical behaviors not on account of fear of an Almighty God (whom no one has seen) but for the simple reason that one will have to face the consequences of one's behavior-good or bad or indifferent –in this world or hereafter. The actions are attached to the soul as it transmigrates; events experienced by new body are determined by previous karma. In the context of Indian culture, Karma theory provides satisfactory explanation for the otherwise inexplicable divergence in existence viz., poverty versus prosperity, health versus disability and sickness, and happiness versus misery.

To extrapolate, **Karma theory** to the field of disabilities, one will state that disabled individuals are disabled because of their misdeeds and evil actions that they performed in their previous lives. Disability is their punishment. They must suffer and be punished for leading an evil life. Hence, there are no services for the disabled.

Western thinkers will find Karma Theory incomplete and unconvincing. It will be difficult for Mother Nature to keep data on millions and millions of individuals. Not only that, it appears to be impossible for Mother Nature to maintain and update actions related data for years and years. I believe that it is absolutely critical for the thinkers of East and West t o have frequent dialogue so that those who are disabled because of random events of nature are not subjected to any more challenges that they already have. Individuals with disabilities should be provided needed services and opportunities so that they also have a quality of life.

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